



# Five-year review of 'Let's Make Scotland More Active' – A strategy for physical activity

Executive Summary

February 2009





## INTRODUCTION

There are many ways in which people can be active: exercise (e.g. aerobics and jogging), sport, play, dance as well as active living (e.g. walking, housework and gardening). Adults should accumulate or build up 30 minutes of moderate-intensity activity on most days of the week and children should accumulate at least one hour daily.

However, physical inactivity remains one of Scotland's major public health issues. Despite strong scientific evidence that meeting these recommendations can protect against many of Scotland's leading chronic diseases and promote positive mental health and well being, two-thirds of Scottish adults and one-third of Scottish children are failing to meet the recommendations.

*Let's Make Scotland More Active (LMSMA)* was published in 2003. The strategy is a 20-year plan and set 'targets to achieve 50% of all adults aged over 16 and 80% of all children aged 16 and under meeting the minimum recommended levels of physical activity by 2022'. As the Scottish Government has a separate strategy for Sport (*Reaching Higher*) LMSMA focuses on all the other components of physical activity outlined above.



In 2008, a review group carried out a full review of how LMSMA had been implemented in the past five years. The review group was chaired by John Beattie and included representatives from NHS Health Scotland, the Scottish Government and independent academic experts. A key strand of the review process was engaging with a huge number and variety of delivery agencies and also with the wider physical activity workforce, e.g. Active Schools coordinators and health promotion officers and those who have a more indirect role, e.g. teachers and primary health care staff. The purpose of the review's engagement was to gather and assess views on what has been successful, what have been the key challenges and what are the future priorities.

This summary details the review group's key recommendations. These were developed from research commissioned as part of the review, in-house analysis of policy documents and evaluations and feedback from the physical activity workforce gathered via regional events.





## WHAT DOES THE REVIEW RECOMMEND?

- **Continuation of LMSMA.**

LMSMA remains an essential strategy to influence Scotland's inactive population. The review found no evidence to suggest that the strategy should be substantially revised. In addition, Scotland remains in line with physical activity guidelines issued by WHO and the EU. The review process highlighted a number of key areas where action can be strengthened to maximise the drive to get more of Scotland's population more active.

- **Environment.**

Interventions that enhance the built environment can impact on large sections of the population. There is good recent evidence-linking environments to physical activity (e.g. Foresight Report on obesity<sup>1</sup>). The review group therefore believes the creation and provision of environments that encourage and support physical activity offers the greatest potential to get the nation active.

- **Performance Management and Accountability.**

Given the importance of physical activity across public health concerns (e.g. cardiovascular health, mental health, obesity) the review group believes that explicit physical activity targets/outcomes should be included within the National Performance Framework and/or NHS HEAT targets.

- **Local Coordination and Leadership.**

In addition to the above, given their responsibility for the key services that directly impact on physical activity (e.g. planning/environment, transport, education, sports/recreation/leisure) and as the lead authority in community planning, local authorities should be recognised as the most important local delivery agency for physical activity. As such they should lead local coordination and delivery. To do this effectively however, they need to be fully supported by National Government and its agencies (e.g. NHS Health Scotland). For example, the Scottish Government and its agencies need to work closely with COSLA at a national level and local authorities and their community planning partners (including NHS Boards and the Third Sector) at a local level. This should help ensure local physical activity strategies fully align and are integral to Single Outcome Agreements (SOAs) and will support the achievement of current national indicators and outcomes.

<sup>1</sup> [www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp](http://www.foresight.gov.uk/OurWork/ActiveProjects/Obesity/Obesity.asp)



- **National Coordination.**

The commitment to physical activity across a range of government policies has been positive in the first five years of LMSMA. The Government needs to ensure physical activity continues to be a vital component of its public health work and also continues to be integrated into all relevant and related policy, e.g. education, environment, sports, transport.

- **Performance, Monitoring and Evaluation.**

LMSMA should be underpinned by a research, monitoring and evaluation plan. This will help to strengthen our understanding of whether physical activity programmes are engaging with people who are inactive, and to identify more effective approaches that increase physical activity. In addition, as Scottish Health Survey population level data will be available annually from 2009 onwards, an annual 'stock take' of progress should be conducted shortly after the publication of the survey data to reflect and identify any immediate priorities for either policy or delivery. This could form one of the key functions of the Physical Activity and Health Alliance.

- **Supporting Physical Activity projects and initiatives.**

The Scottish Government, NHS Health Scotland and a variety of other national and local agencies fund a wide variety of programmes designed to promote and support physical activity. However, the commissioning process, performance management arrangements and support offered have not been consistent across these programmes. For this reason, the Scottish Government has commissioned SPARColl to develop separate frameworks to guide the planning/commissioning of physical activity programmes and the monitoring/evaluation of funded programmes. They were also asked to identify the level of support required by the programme deliverers to effectively plan, monitor and evaluate their work. It is recommended therefore that the SPARColl frameworks form an integral part of the research, monitoring and evaluation plan (referred to above) and that organisations who commission physical activity projects and programmes take full account of the SPARColl frameworks and recommendations.

- **Communications.**

Having a coherent and effective communication and marketing strategy in place will ensure physical activity remains prominent in all relevant settings and sectors (both local and national). It is recommended that the communication strategy should target three key areas: the general public, coordination of national and local organisations on physical activity; and engaging the Physical Activity Workforce.



## NEXT STEPS

A review of whether or not we are on track to reach the target of 50% of adults and 80% of children achieving minimum recommended levels of physical activity by 2022 will be undertaken when new Scottish Health Survey data are available in Autumn 2009. An assessment of whether existing action is sufficient to achieve the target will also be undertaken.

As part of this process, the review group will engage with local authority interests, health, community and Third Sector representatives at a national level. A short statement will then be issued by the review group that sets out a response to these new data and any further recommendations as a result.





## Members of the review group

John Beattie, Radio and TV presenter and rugby coach (Chair)

Mary Allison, Director, Programme Design and Delivery, NHS Health Scotland

Professor Fiona Bull, University of Loughborough and University of Western Australia

Heather Curran, Policy Office, Healthy Living and Screening Team, Scottish Government

Dr Emma Halliday, Public Health Advisor, Policy Evaluation & Appraisal, NHS Health Scotland

Flora Jackson, Physical Activity and Health Alliance Coordinator, NHS Health Scotland

Maureen Kidd, Programme Manager (Physical Activity), NHS Health Scotland

Dr Matthew Lowther, National Physical Activity Policy Coordinator, Scottish Government

Dr Fergus Millan, Head of Healthy Living and Screening Team, Scottish Government

Professor Nanette Mutrie, Exercise and Sport Psychology, University of Strathclyde

Dr Erica Wimbush, Head of Policy Evaluation & Appraisal, NHS Health Scotland

## Further information

The full report, along with details of the policy review process and summaries of the evidence collected throughout the review are available on the NHS Health Scotland website:

<http://www.healthscotland.com/scotlands-health/evaluation/policy-review/physical-activity-review.aspx>